



# NIAGARA FALLS WATER BOARD

## Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Driver License # and Class			Exp. Date
Date Available	Desired Salary		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the City, State, or other government municipality?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION	
Level of education (Circle one)	High School or GED    Some college    College    4 year degree    post graduate studies
Do you have a high school or GED Diploma?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of College or University	
Do you have a CDL ?	Do you have specialties, license, degrees?
If yes please list provide details	

If you have more entries please attach additional pages

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**PREVIOUS EMPLOYMENT: Beginning with the most recent, describe in detail all employment that is pertinent to the position applied for. Omissions and vagueness will NOT be interpreted in your favor.**

Company _____		Phone (    ) _____	
Address _____		Supervisor _____	
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities _____			
From _____	To _____	Reason for Leaving _____	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company _____		Phone (    ) _____	
Address _____		Supervisor _____	
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities _____			
From _____	To _____	Reason for Leaving _____	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company _____		Phone (    ) _____	
Address _____		Supervisor _____	
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities _____			
From _____	To _____	Reason for Leaving _____	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

If you have more entries please attach additional pages

**MILITARY SERVICE**

Branch _____	From _____	To _____
Rank at Discharge _____	Honorable Discharge? _____	
If other than honorable, explain _____		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Any offers of employment will be conditional and subject to review.

Signature \_\_\_\_\_

Date \_\_\_\_\_